LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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THE COLLEGE ASSOCIATION.

The Chicago Medical Journal and Examiner has been devoting much space in several numbers past to the discussion of the American Medical College Association. The articles prepared by Prof. Davis are able expositions of the merits and demerits of that organization, and we shall take occasion in a subsequent issue to give an abstract of them. One point, however, in connection with the discussion we wish to notice now while fresh. It has brought under review the attitude of the New York schools toward the Association, and comment is made concerning the stand taken by the Medical Record in reference to the matter. In an editorial of that journal of January 1st, in reply to the remarks of the Chicago Journal, the following paragraphs appear:

> We are accused, it seems, of speaking ill of the College Association, and of "a Pecksniffian assumption that there is nothing of value in the medical institutions of the country" outside of the East. Our particular errors are that we attributed the withdrawal of certain eastern medical colleges from the Association to the fact that they thought such an association could no longer benefit them. Also we are accused, with much iteration, of having spoken of the western and southern medical colleges as "medical colleges scattered throughout the West and South."
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> The Chicago Medical Journal and Examiner has misapprehended the spirit in which the article it criticises was written. We are and have been entirely friendly to the American Medical College Association. It has accomplished much good, and, we hope, will do more. We stated, however, that it could never adopt for all its members the highest educational requirements desirable without a fatal loss of membership. This is absolutely true, and nothing has been brought forward by the Journal to disprove it. *The strain of such small reforms as that of raising the fees to seventy-five dollars has cut down the Louisville schools one half;* while the Nashville schools, though members of the Association, have made no increase in fees at all.

The Medical Record perhaps is friendly to the Association. It seems to us, however, that it has singular ways of showing it. It prides itself, we believe, on its fairness and general carefulness in getting at the truth of matters; but it appears to us that on especial occasions it flops into error with surprising facility, and resists correction with singular obstinacy. In matters concerning the schools of Louisville especially does the Record delight to be in the wrong. What particular spite—if it be for this cause—its editor may have against these luckless institutions we know not, but they generally suffer when his pen is directed upon them. It seems to us that when the editor of the Record wrote what we have italicised in the quotation made from his editorial he must have known that there was at least some probability of his being in error, and took a desperate chance to eke out a flimsy argument in reply to the Chicago Journal. At any rate we were at especial pains a few weeks since to correct the error made by the correspondent of the Cincinnati Lancet in reference to the decadence of the Louisville schools upon raising their fees this session, from which source the Record gets its present information, as shown by a quotation given in another column of the journal. We stated distinctly that the gentleman had been misinformed, and that the schools had

lost but *twelve per cent* in number of students, while the pay of professors had been advanced *sixty per cent* by the increase of fees, and that "the strain of such small reform" had been eminently satisfactory so far. If the Record did not consider what we said, we are of course more of the mind that it is not a proper investigator of truth. We should think it due to fairness that the Record should make a proper correction for the benefit of its own conscience. It occurs to us perhaps that it may hesitate, thinking we were partisan in our remarks. We can only assure our distinguished contemporary that what we said we spoke by the card—after inquiry of the several schools in this city.

Luckily, as friends of the American Medical College Association, we are not wholly dejected by any false statements or unkind remarks that a New York journal may choose to publish. We believe the organization—with many errors perhaps—is a strong one; that it has done great good, and will accomplish much more. It may not be in perpetual sackcloth even though the New York schools have left it. Its sorrow is rather expended on those who have departed.

When these eminently commercial institutions—and why should they not be commercial—give as a reason for their leaving that they could no longer be benefited by the Association, let not the editor of the Record lay it to his heart that any great educational superiority on their part led them to keep aloof from humble sisters, but simply that the strict rules of the Association stood in their way of making money. Had the University of New York joined with Bellevue and the College of Physicians and Surgeons, we dare to think that there would have still been no more strenuous advocates of the Association than the New York seceders. But the college out was bagging too much of the game which the strict laws of the Association would not allow its members to touch except under certain conditions, and this it was which ruffled the mossy back of the ancient College of Physicians and started the worldly-smart Bellevue to jump restraints.

When the editor of the Record again has the subject of the Medical College Association under discussion we commend him, if he can, to consider what may to him be a startling proposition—that the New York colleges left the organization not because they were too great for it, but because they could not live up to its requirements.

Original.

EYE MISCELLANY.

BY W. CHEATHAM, M.D.
Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville.

Mr. —, age thirty, Jeffersonville, Indiana, while walking along the street was shot, the ball striking him at lower and outer edge of the left orbit. Considerable bleeding from the nose followed, with blindness of the left eye, deafness of the right ear, and right facial paralysis. Patient states that on holding his head to the right side he feels something move as if it was the bullet. The ball in its passage through the left orbit produced total detachment of the retina in left eye. The missile passed through the roof of nose down, backward, and to the right, wounding the facial nerve in its passage through the fallopian canal, or after its exit from the canal, and has no doubt lodged near to or in the mastoid bone of the right side. Of course nothing can be done for the left eye. The right eye is in some danger, as the orbicularis of that side is paralyzed, leaving the eye constantly exposed to external irritants.

Mr. — was shot by Mr. D. When he fell Mr. D. carried him into his (Mr. D.'s) house. The physician who was called in left drops of atropia sulph. for his eye, and same medicine to be taken internally. Mr. D., not satisfied with his failure to kill Mr. —, endeavored to administer to him the atropia sulph., but friends interfered. Mr. — thinks both calls most too close for comfort.

Max G., age twelve, consulted me about two years ago in reference to weak eyes. I found that he had compound hypermetropic astigmatism, and prescribed the proper correcting-glass. About a year afterward Max called again to see me, saying that he was blind in one eye. On testing him he stated

that he could not even tell daylight from darkness with the right eye. Ophthalmoscope showed nothing abnormal except the error of refraction. Fundus perfect. Thinking probably that Maxie was deceiving himself and others, I put him to such tests as are used to expose malingerers. Placing a stereoscope to his eyes, a piece of pasteboard was slipped into the frame. On the right side or end of the pasteboard was a vertical line. On the left side was a horizontal line. Asking him now what he saw, he said a cross. If the right eye had been blind the horizontal line only would have been seen. Of course Maxie was practicing deception. I asked him to return in a few days. In the meantime he visited a neighbor and experimented with a stereoscope so thoroughly as to defeat me in my attempts to catch him again. I practiced another method. Seating him I gave him a book to read. Placing myself behind him I passed a small pen-holder between his left eye and the book, but strangely enough he read nearly as well as before. Several other similar tests (such as we used to use in New York in examining the applicants for pension) were tried, and his family was convinced that nothing was the matter. Why he did so no one could explain. He was very fond of school and his books. No one could surmise his object; but we found a remedy which was very simple and effectual. A small riding-whip was added to the household ornaments, and in a few days I entered on my book, "Vision in right eye $=\frac{20}{20}$, or perfect."

Mrs. H., age fifty-five, Xenia, Ills., several weeks before she consulted me, while blowing her nose lost suddenly the sight of her right eye. Had suffered some little pain in the eye before. Is sure the sight of the eye was good before, as she noticed immediately the loss of vision, and had occasionally tested her eyes by first closing one and then the other.

Ophthalmoscopic examination: Detachment of retina of right eye. There must have been some tendency to the disease before. In the act of blowing the lungs were fully inflated, then forcibly emptied, producing an influx of blood to the head, a congestion of the parts, a sudden subretinal effusion, detachment of retina, and blindness. Prognosis bad.

LOUISVILLE.

WASHINGTON CITY retails annually a million and a half dollars worth of drugs.

A CASE OF RAPIDLY-CONSECUTIVE AMPUTATION OF BOTH FEET—RECOVERY.

BY W. M. LEWIS, M.D.

On the 10th of last February I was called in haste to see W. S., aged thirty-one. The messenger said his feet were rotting off. An examination showed a severe case of frostbite of both feet. Patient had exposed himself by walking through the snow and sleeping in an old barn with his wet shoes on. On the right foot the congelation was complete, invading the inner aspect above the malleolus. The left foot was not quite so bad, although about three fourths of it was entirely dead. Patient had walked a short distance the morning after his disastrous exposure, though he had no feeling whatever in his feet. He suffered no pain, and said he thought his feet were asleep. He did what every other ignorant negro would do under the circumstances, and tried to warm his feet by a hot fire; and when I first saw him all vitality, together with sensibility and motion, was lost, and gangrene had manifested itself. In some places were large watery blisters, in others the skin had sloughed away. The skin of the toes had dropped off, carrying away the nails. In short, his feet presented a mass of putrefaction.

A consultation was called, and of course all agreed that immediate amputation was the only course to pursue. At that hour it was thought that in the left foot Chopart's or Pirogoff's operation might be done, thus saving a more useful stump. But next morning when the operation was done it was discovered that the line of ulceration had made rapid strides, and not enough of the heel was left to make a flap. Consequently amputation at the junction of the lower and middle thirds was decided upon. Patient went kindly and quickly under chloroform. Esmarch's bandage was applied to left leg. The anterior skin-flap was made, and behind the flap was made by transfixion. The main vessels were speedily secured, and as quickly as possible the bandage was placed on the right leg, and this was removed by exactly the same method. When all oozing had ceased the flaps were brought together by means of silk sutures, about one inch apart, and strips of plaster placed between the sutures. A roller was applied from above, light pressure being made to prevent muscular contraction. Carbolized cloths were lightly laid on the stumps and frequently changed. The patient was given a good, nutritious diet, and all stimulants were withheld.

On the third day the patient was attacked by a violent surgical fever of the sthenic form, and for a while his life was despaired of; but by the use of large doses of quinia this fever soon gave way.

Upon the eighth day after the operation both stumps were attacked by fungous granulation to such an extent that the wounds gaped considerably. This troublesome condition was overcome by slightly stimulating applications and gentle pressure by means of the roller and strips of plaster and tonics administered at the same time. After this patient continued to improve, and recovered without further accident.

GREENSBURG, KY.

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

Editors Louisville Medical News:

One of the most interesting documents which has for a long time been made public has just been issued by the Committee on Anesthetics, appointed by the British Medical Association to investigate the action of the various anesthetic agents by rigid scientific methods. This report, which will be published in an early number of the journal of the Association, is made by Prof. McKendrick, F.R.S., Glasgow, Profs. Coats, Ramsey, and Herman. It includes (1) an introductory research aiming to discover wherein consist the special dangers of chloroform, and (2) to investigate whether some anesthetic agent could be found which would avoid those dangers. It was shown at the outset of the inquiry by physical proof obtained from experiment, that apart altogether from its action upon the respiratory centers chloroform has a disastrous effect upon the heart, while ether has no baneful influence. Ether, however, has some great disadvantages, among them, and chiefly, tardiness of action. The committee therefore set to work to find an agent which should be as potent an anesthetic as chloroform, and yet affect the heart and respiration as little as ether. After investigating a great number of substances they finally settled on ethidene dichloride as that which yielded results so promising as to lead them to enter upon a special investigation of its action as compared with chloroform and ether. Ethidene dichloride was first employed by Dr. Swan, of London, who administered it, in 1858, in fifteen cases, with good results. In 1870 it was used by Liebreich and Langenbeck, in Berlin, and in 1872 Steffen gave satisfactory report of it. Sauer mentions one case of death in a patient suffering from heart-disease. The committee, encouraged by the results of their first examination, have now pursued a very elaborate series of investigations, which have brought them to conclusions much in favor of ethidene. They give details of fifty unselected cases in which ethidene and chloroform respectively were administered in the human subject, and from these tabulated results it appears that the average dose of the ethidene for each minute during which the patient was under the influence of the anesthetic was practically identical with that of chloroform; the time required to produce anesthesia being one minute less with ethidene, and the sickness also being less. In only one case during the administration of ethidene did the pulse fall to sixty-four per minute. It commonly remained peculiarly regular. This was not the case with regard to chloroform, the pulse frequently falling to sixty, and in one instance to forty-eight, while the respiration rose in one instance to as much as seventy-two per minute. The results of their experimental observations as to the action of chloroform and ether on the blood-pressure confirm those of the committee of the Royal Medical and Chirurgical Society in 1874, showing at first a slight transient rise in the blood-pressure by chloroform, followed by a gradual but irregular fall, while with ether the primary rise was prolonged and the depression slighter. Ethidene stands in an intermediate position, causing more lowering of pressure than ether but less than chloroform. So also as to respiration: the complete arrest of the pulmonary circulation falling most rapidly and with the smallest dose in the case of chloroform, least rapidly and with the largest dose in the case of ether; ethidene standing intermediate both as to time and dose.

The summary of the results of this committee I think it right to give entire, as your readers will no doubt be glad to see them in the precise words of the committee, and as they will unquestionably henceforth become classified for future reference. This is by far the most active and scientific investigation which has as yet been carried out on the subject.

A.—CLINICAL.

1. The dose (administered on a towel) is greater with ethidene than chloroform, but the time neces-

sary to anesthetize the patient is longer with the latter than the former agent.

2. The number of cases of sickness and vomiting is about the same with the two agents, but the duration is considerably protracted in the case of chloroform. The occurrence of these symptoms have no relation to the length of time the patient has been under, or reference to the quantity of anesthetic administered in a given time.

3. With both agents the pulse-respiration ratio is considerably altered in a certain number of cases, the pulse falling as the respirations increase in frequency. With chloroform the change is not only much more marked, but its occurrence is also more frequent than with ethidene; the proportion, in our experience, being nine of the former to two of the latter. There is also a greater tendency in cases of chloroform to retardation of the heart's movements and to dicrotism.

B.—Physiological.

1. The effect of anesthesia with chloroform is to increase the amount of carbonic acid exhaled in a given time. The results of our investigations in connection with the effects of anesthetics upon the gases of the blood are not sufficiently reliable to permit us to give results.

2. Both chloroform and ethidene administered to animals have a decided effect in reducing the blood-pressure, while ether has no appreciable effect of this kind.

3. Chloroform reduces the pressure much more rapidly and to a greater extent than ethidene.

4. Chloroform has sometimes an unexpected and apparently capricious effect on the heart's action, the pressure being reduced with great rapidity almost to *nil*, while the pulsations are greatly retarded or even stopped. The occurrence of these sudden and unlooked-for effects on the heart's action seems to be a source of serious danger to life; all the more that in two instances they occurred more than a minute after chloroform had ceased to be administered, and after the recovery of the blood-pressure.

5. Ethidene reduces the blood-pressure by regular gradations, and not, so far as observed, by these sudden and unexpected depressions.

6. Chloroform may cause death in dogs either by primarily paralyzing the heart or the respiration. The variations in this respect seem to depend to some extent on individual peculiarities of the animals; in some the cardiac centers are more readily affected, in others the respiratory. But peculiarities in the condition of the same animal very probably have some effect in determining the vulnerability of these two centers respectively, and they may both fail simultaneously.

7. In most cases respiration stops before the heart's action, but there was one instance in which respiration continued while the heart had stopped, and only failed a considerable number of seconds after the heart had resumed.

8. The use of artificial respiration was very effective in restoring animals in danger of dying from the influence of chloroform. In one instance its prolonged use produced recovery even when the heart had ceased beating for a considerable time.

9. Under the use of ethidene there was upon no single occasion an absolute cessation either of the heart's action or of respiration, although they were sometimes very much reduced. It can therefore be said that, although not free from danger on the side of the heart and respiration, this agent is in a very high degree safer than chloroform.

10. In regard to the effect of anesthetics upon the pulmonary circulation, as in the experiments on the effects of the anesthetics upon the blood-pressure, it may be stated that chloroform produces the most immediate effect, ether the least, while ethidene occupies an intermediate position.

11. The quantity of air and the length of time required to restore the circulation in the lung are in an inverse ratio to the amount of anesthetic vapor and time necessary to stop it.

12. The changes produced in the lung are the same in all, the only difference being in the rapidity of their occurrence.

13. The anesthetics produce the following changes in the lungs: (*a*) Retardation and ultimate stoppage of the circulation in the lung—first in the capillaries, then in the arterioles, and subsequently in the larger vessels; (*b*) the epithelium-cells of the meshes and their nuclei are no longer apparent; (*c*) the capillaries contract slightly, and their walls become less distinct, or even disappear from view, and the inclosed corpuscles may become more or less disintegrated.

14. The effect of ether and ethidene on the heart, after artificial respiration for seven and five minutes respectively, is simply to produce a retardation of the impulses—ethidene having the most marked effect. Chloroform not only produces a retardation of the pulse, but the ventricular contractions are delayed and slightly separated from the auricular, and an auricular contraction may immediately follow the ventricular. The auricular contractions frequently occur without any corresponding ventricular movements.

C.—Practical.

1. It is not only necessary to watch the effect of the anesthetic upon the pulse, but it is also requisite to have regard to the respiration. We must not only take into account the danger of sudden stoppage of the respiration, but must also remember that in the event of abnormal increase of respiratory movements it may become essential for the safety of the patient to temporarily discontinue the administration.

2. Owing to the tendency of chloroform and ethidene—particularly chloroform—to reduce the blood-pressure suddenly, not only during the administration of these agents, *but also after they have been stopped for some little time* (a source of serious danger), it is necessary for the person who has charge of the administration of the drug to be on the lookout for symptoms of this occurrence, both during the time the agent is being given and for some time after the patient has recovered from its more evident effects.

3. The danger of death from stoppage of the respiratory functions must be borne in mind in every case in which anesthetics are given; but of perhaps greater importance is the danger from interference with the proper action of the heart, particularly when it is remembered that by artificial means we can combat the former contingency. It might even be advisable in certain cases to introduce a tracheal-tube by the mouth, so as to enable us to force air into the lungs by means similar to those adopted by experiments with animals; or, in circumstances where such a procedure was impracticable, tracheotomy might be performed with the same object in view. Artificial respiration should be continued, even though all evidence of cardiac action has ceased.

4. As regards comparative danger, the three anes-

thetics may be arranged in the following order: chloroform, ethidene, ether; and the ease with which the vital functions can be restored may be conversely stated, thus: the circulation is more easily reëstablished when its cessation is due to ether than to ethidene; and when the result of ethidene than when chloroform has been used. The advantages which chloroform possesses over ether—it being more agreeable to the patient and more rapid in its action in the complete insensibility produced by it, and the absence of excitement or movements during the operation—are more than counterbalanced by its additional dangers.

5. The chief dangers are: (*a*) sudden stoppage of the heart; (*b*) reduction of the blood-pressure; (*c*) alteration of the pulse-respiration ratio; and (*d*) sudden cessation of the respiration. The danger with ether approaches from the pulmonary rather than from the cardiac side; so that by establishing artificial respiration we have a means of warding off death. Its disadvantages are to a great extent obviated by the use of ethidene, while the dangers of chloroform are also reduced to a minimum.

The conclusions of the committee are thus strongly favorable to the further use of ethidene dichloride. At present ethidene is rather a costly article; but beyond doubt, if any considerable demand for it should spring up, it would be procurable at a very moderate price. The British Medical Association has expended nearly £200 in grants for carrying out this investigation. This does not, of course, in any way mean a payment to the distinguished men who have carried out the research. They have freely given their time, trouble, and skill. It only covers laboratory expenses; nevertheless it will be found that the Association has rendered a great service to science in encouraging and authorizing the bearing of the expense of this research, and in publishing it fully illustrated for professional information.

In the same number of the British Medical Journal in which this lengthy report appears is published also a table of the deaths from anesthetics which have been reported in this and other medical periodicals in the United Kingdom during the eleven years—1870–80. The result shows a total of one hundred and twenty deaths from chloroform, a rate of 10.10 per annum; and of these a considerable number are for minor operations, twelve for operations on the eye, five for extraction of the teeth, ten for removal of tumors, seven in fistula and in opening abscesses, and three in operations of phimosis. The editor of the British Medical Journal has now for some years steadfastly urged the necessity of the use of ether, and insisted upon the publication of every case of death from chloroform. The vigor with which he has pursued this course has given rise to a good many reclamations upon the part of unfortunate persons who have had deaths while administering chloroform, and who complained that the course which he pursued might one day be the means of bringing some of them before a criminal court. The strong pressure which he has exercised in the way has, however, brought about a great revolution in hospitals, and at the present moment ether is administered in the great hospitals throughout England, where it is on the whole the anesthetic that is most used.

It is probable that the publication of this report and of the tabular statement, which has now been brought together, will produce once more a strong impression in favor of ether or ethidene, and ultimately chloroform is likely to be less and less used in Great Britain. It is certain that a great impression has been produced this week by the publication of the documents to which I refer.

Reviews.

Photographic Illustrations of Cutaneous Syphilis. By GEORGE HENRY FOX, A.M., M.D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York; Surgeon to New York Dispensary, Department of Skin and Venereal Diseases; Fellow of American Academy of Medicine; Member of the New York Dermatological Society and of the American Dermatological Association. Forty-eight plates from life, colored by hand. Price, two dollars. New York; E. B. Treat, 757 Broadway.

Nos. 1, 2, and 3 of this Atlas have been issued, and comprise the following photographs: No. 1—Syphilitic erythema of the breast, ditto of back; post-syphilitic pigmentation, ditto leucoderma; erythematous syphilis. No. 2—Lenticular papulous syphilis; miliary papulous syphilis; squamous papulous syphilis of breast, ditto of shoulder; papulous syphilis. No. 3—Papulous-circinate syphilis; papulous-squamous syphilis; papulous-pustulous syphilis; pustulous syphilis. Accompanying the plates—which are produced in the highest photographic perfection, and are artistically colored—the scholarly and zealous author gives a full and lucid and at the same time concise description of the syphiloderms represented. The history, nature, and treatment of syphilis are fully discussed, and the author's views are in accord with the teachings of the leading syphilologists of the day.

The study of syphilis is but fairly begun, as Dr. Fox very truly says; and not only is the laity in a state of absolute and dangerous darkness on the subject, but the great mass of the profession is ignorant of the proper treatment of the disease. Certain facts concerning the natural history and therapeutics of syphilis, however, are perfectly established, and these Dr. Fox brings out forcibly in his publication.

This Atlas deserves an immense sale; and coming out, as it does, in two-dollar numbers, one may easily pay for it without noticing the outlay. L. P. Y.

A Manual of Medical Jurisprudence. By ALFRED SWAYNE TAYLOR, M.D., F.R.S., Fellow of the Royal College of Physicians, late Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital, etc. Eighth American edition, from the tenth London edition. Containing the author's latest notes made expressly for this edition. Edited, with additional notes and references, by JOHN J. REESE, M.D., Professor Medical Jurisprudence in the University of Pennsylvania, etc. With illustrations on wood. Philadelphia: Henry C. Lea's Sons & Co. 1880. For sale by John P. Morton & Co.

This great work stands at the head of its class. It is an unquestioned authority in all civilized lands. No doctor's and no lawyer's library is complete without it. It comprises more than nine hundred pages, and is illustrated by seventy woodcuts. L. P. Y.

Yellow Fever: Its Ship-origin and Prevention. By ROBERT S. HARGIS, M.D., Pensacola, Florida. Philadelphia: D. G. Brinton, M.D., publisher, 115 South Seventh Street. 1880.

This volume, of seventy-six pages, comprises three articles previously published in medical journals, also two letters from Mr. Gamgee. Their favorable reception by the profession, and "the dangerous and irrational proceedings constantly advocated in relation to the prevention of yellow fever" have induced the author to put these essays in book-form. His opinions are based upon twenty-two years' experience of yellow fever, and he is perfectly confident that his conclusions are correct. He considers the naval origin of the disease a fact established beyond peradventure. Dr. Hargis writes with vim and spirit, and his views are likely to be cordially indorsed and commended by all who believe as he does, and to be vehemently assailed by those who differ from him. The yellow-fever question has developed a lot of bad blood between the different schools of theorists, but fortunately none of it has been spilled so far, although both the medical journals and newspapers have contained some caustic and cutting pen-strokes from the champions of quarantine and anti-quarantine, and of its foreign and domestic, and land and water origin. The author cites in his pages the behavior of the disease at "Loggerhead, Ky." We know nothing of this village or of its yellow-fever history, but its name is very suggestive of the present status of sanitarians on the important question discussed by Dr. Hargis. L. P. Y.

Miscellany.

THE LATE GREAT GERMAN.—The remains of Prof. Hebra were interred in the presence of an immense crowd, amidst which were, considering the season of the year, a large number of medical and scientific celebrities. . . . With all his popularity among the pupils and his colleagues, Hebra was a thorough despot, although a benevolent despot, who, by the dictatorial power he had inherited from Skoda, managed to effect some most useful reforms in the Vienna General Hospital; but Dr. Kraus, in his eulogium upon him in the *Allg. Wien. Med. Zeit.*, while maintaining that for those who knew him he had an excellent heart and was an amiable companion, is obliged to admit that he was rightly termed the hospital pasha, and that by his rude language, indecent jokes, and arbitrary bearing he too often excited terror among patients and the more timid of his colleagues. English and American visitors who had been present at some of his clinical lectures have declared that scenes were witnessed and language heard which would not have been tolerated in any other hospital in the world.—*Med. Times and Gazette.*

SHEEPSWOOL SPONGES.—There is considerable anxiety felt in the sponge-market in regard to the growing scarcity of the Florida sheepswool variety (Oil and Drug News). The great popularity of this sponge for the past ten years or more, it is feared, has induced the sponge-fishers to gather them so recklessly as to threaten their extinction. It is known, however, that the sponge-fleet this season has experienced more or less bad weather, which may be responsible for the depletion of the market. However this may be, it is certain that the entire extermi-

nation of sheepswool sponges may be looked for within a few years unless measures are taken for their protection. It has been suggested that artificial beds of sponges be reared in the immediate vicinity of the coast of Florida, on some of the coral reefs common in the southern part, in the same manner as oyster-beds are formed in the North.

The Mediterranean fisheries are threatened with extinction on account of the destruction of the young animals while securing the full-grown sponges. Dr. Brehm, the naturalist, selected a few hundred specimens, which he divided into several thousand small pieces, fastened separately into perforated cases, which were then towed out to the Bay of Socolizza. He next attached the pieces to a wooden framework, which was then lowered in a shady spot to a proper depth. In a few months the sponges had grown to the size of good natural ones, exhibiting their distinctive black color. The authorities regarded his scheme with favor, but the fishers, with ignorant prejudice, attacked the plantation by night, destroyed the frames, and made off with two thousand sponges. By substituting copper wire for woodwork Dr. B. checkmated the *teredo*, whose ravages in wood are notorious, and by fastening the sponges to stones it was observed that they speedily attached themselves firmly.

DECREASE OF DRUNKENNESS.—The reports presented by the chief constables at the recent annual licensing meetings held in many of our large provincial towns show that drunkenness, or at any rate open drunkenness, is markedly decreasing. At Brighton the number of persons prosecuted for drunkenness during the past year was two hundred and eighty against three hundred and fifty in the preceding year. At Wolverhampton during the same period the number of similar charges was five hundred and thirty-four against six hundred and sixty-nine. At Bolton the decrease was one hundred and forty-nine. At Preston five hundred and sixty persons were so charged against six hundred and ninety-one in 1879. At Huddersfield these charges numbered three hundred and twenty-one, or an average of one to every two hundred and forty-nine of the estimated population; the previous year the number was five hundred and thirty-three, or one to every one hundred and fifty of the population, showing a decrease of nearly forty per cent. At Northallerton there were sixty persons so charged, a decrease of ten on the previous year. In the upper division of Osgoldcross one hundred and ninety-one persons were prosecuted against two hundred and seventy-one in 1879. At Rochdale the chief constable reported that "the decrease in drunkenness in the borough in the last few years is undoubtedly to be attributed to the establishment of public coffee-houses. *Med. Times and Gazette.*

A MAGISTRATE'S RECOGNITION OF MEDICAL EVIDENCE.—A somewhat unusual case was heard a few days ago at Oldham Police Court, when a respectable elderly lady was charged on remand with having stolen some boots. It was contended for the defendant that, being subject to epileptic fits, she was not responsible for her actions. Medical evidence was adduced, and the bench told the doctor that they dismissed the case on the strength of his assertion that delusions might be present after the fits.—*Ibid.*

CHOLERA IN INDIA.—We regret to find by our letters from India, received by the last mail, that cholera has made its appearance in several stations in Bengal and the north-west provinces (London Lancet). In Lucknow the Thirteenth Hussars and Royal Artillery had several fatal cases in the last week in July. At Moradabad the Second Queen's have also had a few cases, though of a milder type; while at Allahabad the second battalion Twenty-second Regiment has suffered somewhat more severely, losing ten men and an officer (Dr. Noad, whose death is referred to elsewhere) in a few days. In the Punjab cholera has also appeared at Peshawur, at Tangi in the Peshawur Valley, and at one or two places in the Khyber.

FRENCH WINES.—A correspondent of the *Temps*, who has been investigating the quality of the alcoholic drinks consumed in Paris, finds that no less than a third of the wine, beer, and cider sold wholesale or retail is adulterated, and of the cognac and other spirits not one sixth is pure; moreover, that in most cases the ingredients used are most deleterious.—*Med. Times and Gazette.*

MEDICINE AND SURGERY, ANATOMY, PHYSIOLOGY, AND CHEMISTRY.—Medicine and surgery proper must of necessity be taught by trained and experienced practitioners (London Lancet); but chemistry, anatomy, and physiology are best and most worthily taught by skilled professors free from the distracting anxieties of practice.

A SANITARY INCIDENT OF THE WOOD-PAVING PROCESS.—Whether the globules of diluted carbolic acid shot into the atmosphere of an operating theater, with the mitrailleuse-like spray apparatus, really hit and kill the minute "germs" supposed to be floating around, the dissemination of petroleum and tar in the general air of a thoroughfare in process of paving with wood by any of the several methods in use can scarcely fail to be healthful. The atmosphere is pervaded with the vapor, and it finds its way into the air-passages of the passing multitude, while it impregnates their clothes and overpowers less innocent odors, if it does not neutralize the floating infection of disease. Any one may be fumigated gratuitously at the cost of a few moment's lingering over the reeking vats to be found in most of our principal streets. Nor is the opportunity an exceptional boon. What with asphalt paving and wood paving, more particularly the latter, there are few populous neighborhoods where an open-air fumigation may not be obtained. The perpetual repairing these pavements seem to require gives promise of a perennial enjoyment of the luxury. The incident of these processes to which we have alluded has doubtless a sanitary aspect that should be recognized. In the old days they burnt tar-barrels for health purposes; in these we pave our streets with a liquid disinfectant. Thus do modern improvements lead to public health.—*London Lancet.*

NEW PROCESS OF EMBALMING.—One of the most simple and effective processes, it would appear, for preserving the dead has recently been brought forward in Germany. By this method, it is stated, the dead bodies of human beings and animals fully retain their form, color, and flexibility continuously, and may be dissected, while decay and offensive smell are completely prevented, the muscular flesh upon incision presenting the same appearance as in the case of a fresh dead body. The liquid used for this purpose is prepared as follows: Three quarts of boiling water, three and one half ounces alum, six drams common salt, three drams saltpeter, two ounces potash, and two and one half drams arsenic acid; the salts are dissolved in the water, and then there are added two pints of glycerin and one pint of wood alcohol. The embalming is accomplished by simply saturating and impregnating the bodies with this composition, from one and a half to five quarts being used for a single body.—*Exchange.*

Selections.

Chronic Disease.—One of the great therapeutical problems, if not the greatest of such problems before the profession in our time, is the treatment of chronic disease, and of those constitutional faults which underlie chronic disease. If the general practitioner will take his list of patients and write down in a corresponding list the names of each of their diseases, he will be surprised to find what a large proportion of his work has reference to disease that is not acute, and to ailments rather than to disease (London Lancet). This impression is got from practice only. In a hospital the medical student sees a severe class of cases, medical or surgical, representing accidents and emergencies and exceptions rather than the ordinary "ills that flesh is heir to." But he will not have been long in practice before he finds out how different is the set of facts and failings with which he now comes to deal, and how much his peace and satisfaction as a practitioner depend on the intelligence with which he can formulate a judgment with regard to them. He will find his nosological list will not run so much in the heroic style, such as pneumonia, fevers, cerebritis, and peritonitis. It will take less acute forms, as dyspepsia, phthisis, albuminuria, lithiasis, constipation, hemorrhoids, epilepsy, hematuria, diarrhea, shock, diabetes, cardiac faults, cancer, gout, etc. An acute case or two no doubt give a practitioner much trouble and anxiety for a few days, but such cases are soon over, and the general principles upon which they are to be treated are now pretty well matters of agreement. But with chronic derangements it is otherwise, and unless their significance be quickly and intelligently apprehended the patient drifts into disease, and often into dissatisfaction either with the medical art itself or with the practitioner who in the particular instance represents it. . . .

We urge the importance of attention to chronic forms of disease from a conviction that it will yield satisfactory results both in a scientific and a practical respect. The drift of our contention may be thus expressed: First, that much of the disease that shortens and embitters life, where not altogether functional, is chronic—degeneration rather than disease; secondly, that there is reason to believe that the rate of such degenerative processes admits of being quickened or retarded; thirdly, that the indefinite retardation of a degenerative process is practically the extension of life to its natural limits, and the next best thing to a complete cure; that this retardation has come to be a prime function of scientific and practical medicine. We have not space for the elaborate discussion of these several propositions; but they are important with reference especially, be it noted, to the element of *time*, which, as the late Dr. Stokes used to say, constituted so important a factor in disease. Cases are recorded in which even cancer has extended over a period of twenty years or thereabouts. The question upon which light is needed is, Why did the cancerous process in these cases occupy so long a time? What was the condition of the patient, of his temperament, or circumstances, or diathesis, or of his medical treatment which may be held to have exercised a retarding effect upon an intensely morbid degeneration? Surely, if cancer can be extended over twenty years, the time may come when it may be extended over thirty, and practically cease to be a cause

of premature death. And of course, if a case of cancer can be so protracted, it is still more reasonable to hope that less intense and virulent degenerations, such as tubercle or fibrosis or atheroma, may be so extended. What we urge is that the accomplishment of this extension is not only a part of the science and practice of medicine, but is a most urgent and withal hopeful part of medical work.

Chronic disease and slow changes are too apt to be left to drift, or regarded both by the patient and practitioner as matters for domestic treatment. Can any thing be more unreasonable? . . Medicines may contribute most importantly to it; but undoubtedly it will be done by Medicine rather than by medicines—by an intelligent use of all those means whereby glands and blood-vessels are preserved in their integrity and blood in its purity, and by bringing life to a close accordance with the laws of health and hygiene. Of late the interest of physicians has been largely devoted to pyrexial disease, to complaints attended by high temperature, acute phenomena, and urgent danger, and this with great advantage. Surely so, when one physician alone has been able to record one hundred and twenty cases of uncomplicated pneumonia without a death; but meantime slow processes of disease are regarded with little more than pathological interest, whereas, if we be right in our views, they promise a field of hopeful and creditable work for the physician.

Some Effects of Long-continued Lactation on the Ovaries and Uterus.—W. Japp Sinclair, M.A., M.D., Hon. Physician to Manchester Southern Hospital for Women and Children, in a paper read before the Manchester Medical Society, March, 1880, (Med. Times and Gazette), concludes as follows:

1. Lactation tends to prevent conception by its influence on the ovaries in retarding their return to the state in which ovulation is perfect.

2. After weaning the evolution of the ovaries becomes more rapid than it is during any period of lactation.

3. After long-continued lactation its sudden cessation is liable to be followed by a rapid evolution of the ovaries and uterus, giving rise to symptoms of ovarian and uterine hyperemia.

4. Long-continued lactation may cause super-involution of the ovaries and uterus, resulting, under favorable circumstances, in complete or partial prolapse of the uterus.

Mr. Gamgee on the Essentials of Wound-treatment.—They are accurate coaptation and absolute rest, to which position and pressure are eminently conducive. As a rule dressing should be dry and infrequent, and drainage adapted to circumstances (London Lancet). No amount of clinical experience can dispense with the necessity of closely watching the thermometer; and while attending to the constitutional state, the local process of healing, when languid, may be accelerated by some of the well-known stimulating and cleansing local applications. When the parts are irritable soothing applications are of service, and of these the least harmful and most generally useful is glycerin.

In directing attention to a group of cases successfully treated on demonstrably sound principles of physiology and surgery, I have expressly avoided entering upon a controversy which has for some time divided the surgical world. Disputations may be more interesting than profitable; they often do much toward unveiling the truth, but they not infrequently obscure it.

The adage that many roads lead to Rome finds abundant illustration in surgical practice. Pin your faith to no master; be a slave to no system. The scheme of nature is broad and comprehensive; truth is catholic and many-sided. Your chances of interpreting it rightly and practicing it safely will be enhanced in proportion as you keep your mind unbiased by theories and fashions and try to imitate nature in method and in means.

[These be truly wise words. Mr. Gamgee is one of great England's great men.]

A case of chorea in pregnancy treated by dilatation of the cervix uteri was reported by Dr. Wade at the Obstetrical Society of London, Wednesday, November 3, 1880. An unmarried primipara, aged nineteen, nearly seven months pregnant, suffered from very severe chorea, which had commenced in a slight form three weeks before admission. A faint apex systolic bruit, probably due to rheumatic fever two years previously, existed. An attempt was made to dilate the os with the finger, but owing to the incessant and violent movements of the patient, the success was very partial, and there was, if any thing, an exacerbation of the symptoms. Three days after, under chloroform, the dilatation was completely effected; this was followed during the day by very marked amendment, and a sound night's sleep, the first she had had since admission, and every succeeding night was eqally good. On the third day after dilatation the movements became worse than they had been on the two preceding days, and dilatation was again effected on the fourth day under chloroform. From this time steady, rapid, and unintermittent recovery supervened. A very slight occasional twitching of the fingers of the right hand continued until delivery at term of a healthy child, when they entirely ceased.—*Med. Press and Circular.*

Diphtheria and Croup.—There have been few subjects in pathology more debated than diphtheria and the special lesion which characterizes it, from which it takes its name; few about which so much needless confusion and mystery have clung. We may now fairly assume that the vexed question of identity between this disease and that styled "membranous croup" has been set at rest, and it is not intended here to raise it again. At any rate *it has been shown conclusively on all sides that there is no anatomical difference in the two diseases*, but only a topographical difference as to the seat of the exudation; and similarly one by one all etiological, clinical, and other distinctions have faded before the exhaustive analysis of modern inquiry. Still, however, pathologists have differed much upon the subject of the nature of the false membrane in diphtheria, and it is only one instance out of many in pathological histology which show *how various may be the interpretations put upon microscopical appearances.* The reason for divergence of opinion is not a simple one. It depends in one instance upon the different stages at which the exuded product has been observed; in another upon the different seats at which it has been formed; and sufficient account has not been taken of such essential points as these, while too much stress has been laid upon other and more accidental features.—*London Lancet.*

The Real Cause of Miasmatic Contagious Pulmonary Tuberculosis and Chronic Pneumonia, with their Prophylaxis.—By Dr. F. Eckland, Stockholm. Translated by B. C. Anderson (St. Louis Courier of Medicine):

Dr. E. makes the following deductions from clinical cases:

That no antagonism exists between consumption and malaria. That the micrococci in phthisical patients are often also to be found in the kidneys and even in the red blood corpuscles. That no micrococci are found in patients suffering from chronic pneumonia *vel scrofulosis*. That persons suffering from chronic pneumonia easily become phthisical by inhaling air that contains micrococci, and by reason of their debility are not able to throw them off as in the case of healthy persons.

It is not my duty to establish the source from which the micrococci are derived. I can not admit that they are generated spontaneously by the lung diseased, less so that they occur at the birth of every person, and exist as a part of the natural tissues, but that they are derived from without. I have collected from different places in Sweden, where consumption is prevalent, earth, mud, water, decomposing vegetable and animal material, from shallow lakes and sea-coasts, and have found by microscopical examination constantly existing micrococci identical with the phthisis bacteria; thus showing that they are of miasmatic origin.

Proof that the real phthisis is a contagious disease is amply illustrated in military barracks, where men are rather crowded and allowed to breathe air that is contaminated by phthisical persons (through dried sputa, etc.).

As regards the prevention of the miasmatic contagious consumption and at the same time the chronic pneumonia *in toto*, I will only invite attention to a few points. The necessity of dry ground by means of deep and large porous tile-pipes in the ground under and about the dwelling-houses, and of isolating the foundation and walls of houses by means of asphalt, cement, etc., from under- and around-lying grounds, to prevent its contamination with decaying organic matter. To lead the ground air through chimneys from rooms, halls, etc. To isolate one story from another. In short, to be surrounded by the best known hygienic precautions. To isolate the phthisis-patients from healthy persons as much as possible. In conclusion, to avoid every thing that weakens the body and mind, such as drunkenness, nicotin, trouble, sorrow, over-exertion, and especially cold and lung-inflammations.

A Case of Sudden Death during Ether Administration.—Reported by Robt. N. Hartley, M.R. C. S., in London Lancet:

The patient was a gentleman aged sixty-six, who had for some weeks previously been the subject of symptoms which eventually culminated in complete obstruction of the bowels, the site of the obstruction being thought to be either in the lower part of the descending colon or the sigmoid flexure.

As the only procedure holding out any hope of prolonging life, it was decided, in accordance with the opinion of Sir James Paget and Mr. Pridgin Teale, and with the full consent of the patient, to open the bowel in the right lumbar region.

Before the commencement of the operation the patient was lying, or half lying in bed, with the head and shoulders well propped up with pillows, breathing regularly and without great effort. There was no complicating disease in heart or lungs, and the pulse, though rather quick and small, was not inordinately feeble. There was thus nothing to contraindicate the use of an anesthetic, or to make one more than usually anxious as to its effect. Some artificial teeth worn by the patient had been previously taken out, and one of the pillows was now removed for the more easy adjustment of the inhaler.

Ether was administered by Clover's smaller inhaler, two ounces being the quantity contained in the ether-chamber. The patient took the ether without the slightest hesitation or resistance, moderately inflating the india-rubber bag with each expiration, and in two minutes was quite anesthetic. He was now placed on his left side with the head lower, and in five minutes from the commencement of the administration of ether the line of incision was made by Mr. Teale. The patient was never allowed to become deeply "carbonized," and the inhaler was frequently withdrawn entirely. In ten minutes from the commencement of the operation, and just as I was engaged in counting the carotid pulse, which was beating evenly and with a rather stronger impulse than before the operation, he showed an inclination to vomit, and ejected a quantity of brownish fluid smelling strongly of brandy. He then took one deep inspiration, and seemed as if inclined to vomit again; but his head sank back on the pillow, and he quietly died, making no further respiratory effort, except one short gasp during the performance of artificial respiration. Prompt exploration of the fauces failed to show any mechanical obstruction to the breathing, and in spite of an immediate resort to artificial respiration and all other available means for restoring animation, our efforts proved useless. An examination of the inhaler showed that a little more than an ounce of ether had been spent. No post-mortem examination was made.

The interest of this case centers in the difficulty of defining the exact cause of death. The mode of death is one which unfortunately is not rare during the use of *chloroform* as an anesthetic, but is almost unknown while a patient is under *ether*.

There was no mechanical obstacle to respiration by the regurgitation of any thing into the larynx during the act of vomiting. Nothing solid had been introduced into the stomach for seven or eight days previous to the operation, and the vomited material consisted entirely of thin fluid. Moreover there was no paroxysmal or convulsive seizure such as would be likely to follow a sudden mechanical interference with the act of breathing.

Two circumstances may have contributed to the suddenly fatal result:

First, the distension of the bowels possibly interfering to some extent with the descent of the diaphragm, and hence with an easy respiration, though neither before nor during the administration of ether had the patient shown any considerable difficulty or distress of breathing. Mr. Teale regrets, however, that he did not at once complete the operation, and rapidly open the bowel, and thereby reduce one factor—the distension by gas.

Secondly, the undoubted tendency to death from asthenia in cases of abdominal obstruction. In this particular case the lungs having been more or less emptied of air by the act of vomiting, the additional quantity of blood drawn into the heart and large

vessels by the next inspiratory effort might easily have brought the feebly-acting heart to a standstill. Mr. Clover suggests to me that by the eructation of fluid containing brandy the ether may have been mixed with alcoholic vapor, which would add to its narcotizing effect, and thereby tend to increase the cardiac depression.

On Some Uses of Turpentine.—Brinsley Nicholson, M.D., in Medical Times and Gazette:

In syphilitic plaques. Called to take temporary charge of a regimental depot hospital, I found there two cases of this—twin cases. Both men were good and well-made specimens of the Britsh soldier, and otherwise in apparently good health. Both had in one limb subcutaneous plaques adherent to the skin above and below Poupart's ligament. In hospital before, and treated with iodide of potassium, they had apparently got well, but had returned almost immediately to hospital as bad and as lame as before. They were again getting iodide of potassium, and I merely superadded some plates of lead locally and a compressive bandage. One, freed from all appearance of disease was, after due caution, discharged with three days' convalescence. Almost immediately, however, after his return to duty he reappeared before me in the same state as at first. On this I changed the treatment, and gave them either half a dram of turpentine thrice a day or a dram twice a day, made into an emulsion with water and liquor of potash, under this they rapidly got well, were discharged, and did not return.

Some two or three years afterward I was shown by a medical friend one case of plaque, and another of syphilitic orchitis, both of which had resisted treatment. I narrated my experiences, and turpentine was tried. The plaque case got well. The orchitis remained unaffected.

In syphilitic iritis. In this, in which I have had, I think, a somewhat large number of cases, I did not find turpentine act as has been stated. Perhaps the following will best give my experience of it: I took charge of a man recovering from the last of several relapses. He had been somewhat profusely salivated, and the salivation continued. Before it ceased he had another relapse. I gave one-dram doses of turpentine as above, using belladonna or atropine locally. The result was a speedy cure. Afterward the salivation having ceased he had, while still in hospital, another attack. Turpentine was again given, but this time without effect, and I was obliged to have recourse to mercury, under which he recovered. Of his further history I know nothing. I would only add that in other and more ordinary cases I did not find turpentine of any use.

Perhaps it may not be out of place to give the treatment which, after trials, I was led to adopt as the most effectual in syphilitic iritis in its ordinary subacute or chronic form. Instead of calomel or blue pill, as formerly, I more lately gave the protiodide or green iodide of mercury in quarter-grain doses three times—sometimes increased to four times—a day, until the gums were just or barely touched, and no more. If necessary the action was kept up to this extent (though I always observed amelioration to be coincident with this mark of constitutional effect), but went no further. With the protiodide was usually combined the same or a similar quantity of belladonna, and belladonna or atropine was of course used locally. Under such treatment the patient is saved the often excessive salivation, his gums being rather affected and marked than he himself salivated (in any appreciable degree), while his after-health does not show that anemic or cachectic appearance so often seen after the use of calomel or other mercurials.

In ulceration. Already, in speaking of solid or lead compression in the treatment of wounds and ulcers, I have spoken of the advantages of turpentine in the sloughing or phagedenic ulcerations that are sometimes the sequel of fevers.

As a coagulant. On account of the surgeon's absence I was sent to take charge for three days of a hospital where there was a case of aneurism in which compression was being tried, and where there were some fears of its bursting. The aneurism was in the lowest third of the thigh, apparently about the size of a goose's egg, and though—as I of course at once satisfied myself—compression had been applied effectually in the usual inguinal space for over or about three weeks, there were no signs of coagulation. . . His bowels being constipated he had first, as the most speedy and suitable purge, a turpentine enema. Next morning as I advanced to his bedside one of the two assistant surgeons informed me that coagulation had taken place throughout the greater part of the aneurism. By the evening it was completed. Next morning reliquefaction had begun in the upper portion, and progressed; but as this was my third day, I saw no more of the case. Eventually I believe the leg was removed by amputation.

Treatment of Diphtheria.—Dr. Callan, in the Proceedings of the Finland Practitioners, quoted in the *St. Petersburg Med. Woch.* for August 7th, states that he has derived so much benefit from the external and internal use of the sesquichloride of iron that he regards it as much a specific for this disease as quinine is in intermittent fever. Locally he applies one part of the liquor ferri sesquichlor. with one or two parts of water, morning and evening, by means of a thick, short-cut charpie pencil, rotating it against the pseudo-membrane, which after some hours almost always becomes detached, so that the bleeding mucous membrane becomes cauterized. The nose is syringed with a solution of half this strength, and the throat is gargled with milk. From ten to fifteen drops of the sesquichloride are taken in six ounces of water, in teaspoonful doses, every ten or fifteen minutes in the day, and every quarter or half hour in the night. Cold milk is the best food. The treatment is very troublesome for the attendants, but it is so successful that Dr. Callan states that, since the year 1861, of more than one hundred and fifty patients he has not lost one. The treatment, however, should be begun early and strongly persevered in. Usually about the second or third day the pulse becomes slower and fuller, and the sticky sweat, which generally accompanies diphtheria, diminishes, together with the febrile temperature. On an average, nine days have been required for the cure. When this is accomplished the greatest care is still required, as sudden movement of the child may cause fainting or even death. [The employment of the perchloride of iron, both locally and internally, in diphtheria, is nothing new, though Dr. Callan's energy of employment is perhaps new. Certainly his success is. We transcribe his statement because it is so positive; but it certainly seems strange that, as in Russia diphtheria is depopulating some regions, he has not taken more pains to make so certain a cure known. His own cases, he admits, were mild ones.]—*Ibid.*